

achieve the results through removing barriers to competition which currently exist?

Republicans have noted a whole series of laws right now that could either be reformed or repealed in order to allow more competition, in order to reduce prices for those already in the market and give patients more choice. I don't know why the resistance to this insurance reform. I don't know of anybody who likes the way insurance companies always do their business. I know I don't. So why not reform and enable those who would do it the way people want to have products that could be offered to the public and which presumably the public would buy if they are concerned about the way their insurance is currently being offered?

So this is not a matter of one side wanting reform and the other side not; it is a matter of different approaches. And from my constituents, I can tell you they are concerned about what they have and they are concerned about what they are going to have to pay. As much as they want to help other people have the same kind of coverage they do, they don't want it at the expense of their families, by having care rationed to them and their families as a result of the fact that it would cost more money than we are currently paying.

Madam President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. BROWN. Madam President, I ask unanimous consent the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

JOB LOSS CRISIS

Mr. BROWN. Madam President, in my State of Ohio and States such as Michigan, Indiana, Pennsylvania, middle-class families already hit by a terrible recession are facing a new wave of devastating job losses and plant closings. Some 400,000 Ohioans are employed, directly or indirectly, because of the auto industry. The auto industry crisis is a crisis especially in my State and in Michigan and in the other States in the region.

As Congress works to help the industry through these most difficult times, the industry must do all it can to keep jobs here at home. That is why it was welcome news when GM announced that rather than start more small car production in China and Mexico, which they have done in the past, they would open a new small car manufacturing plant somewhere in one of these auto States.

This crisis has hit home in my State, especially in Mansfield, where GM has one of its best stamping plants. Workers at this plant were asked to make concessions over the past 2 years, and they did. They were asked to produce

in an exceptionally efficient manner, and they now rank at or near the top, across a range of performance standards. The Mansfield GM Fisher Body Stamping Plant played by the rules, did all that was expected of them, and they made it to the top, literally to the top of GM's stamping plants. Yet GM has decided to close this facility.

GM's decision not to include the Mansfield stamping plant in the New GM, this new coming-out-of-bankruptcy company, one that is focused on building fuel-efficient cars for the 21st century, is troubling, it is more than troubling to employees and members of the Mansfield community and to me.

Yesterday, I met with GM officials who were direct and polite and are trying to do their best. I met with GM officials to try to understand their decision. I am not convinced this makes sense for the New GM, to close this Mansfield Fisher Body Stamping Plant. I know it does not make sense for Ohio. GM's own scorecard shows the Mansfield plant has met nearly 100 percent of its targets and has a productivity rate of 94 percent. According to GM's records, it is the single highest ranked stamping plant in GM.

The plant that is a very close second is 70 miles away, north of Mansfield, in Parma, OH. By GM's own records, those are the two top-rated stamping plants. It makes little sense to me and to the town and GM workers at Mansfield that the company would not want its best and brightest to embark on its new path toward success.

The auto crisis hit home in Twinsburg, OH. Twinsburg is the home of the most modern stamping plant in Chrysler's network. It ranks among the highest in safety and productivity. Yet Twinsburg's workers and their families got the rug pulled out from under them last month. The crisis is playing itself out every day as auto suppliers struggle to find credit.

So it is not just Mansfield and Twinsburg, it is not just the loss of fewer than 100, but 80 or 90 people in families in the Columbus area who lost jobs when a GM supply center announced it was closing. It is also what happens to those companies that supply the auto companies, and they, frankly, employ more workers than the auto companies themselves do.

The crisis plays itself out every single day as auto suppliers struggle to find credit. If a manufacturer has auto customers, banks seem to put them on a black list and do not want to extend any loans, even those backed by the Small Business Administration.

The crisis plays itself out in Warren and Dayton, where Delphi salaried workers, who played by the rules, are left without the pensions they deserve. These stories from Mansfield, from Twinsburg, from Warren, from Dayton, from smaller communities are, unfortunately, not unique. There are more stories, stories from small Ohio towns such as Trotwood, near Dayton; Van Wert, on the Indiana border; and

Greenwood and from other cities across Ohio and the Midwest.

That is why it angered me when I sat in the Banking Committee as I was chairing, as Chairman DODD was working on health care issues, when I heard these restructuring proposals for Chrysler and GM portrayed by my more conservative colleagues in this body as "giveaways" to workers. When they label this as "everybody sacrificed except the workers," the workers have seen tens of thousands of lost jobs. We have seen a \$7-an-hour cut in compensation for these workers. That is a \$14,000 a year hit that these workers are taking. They are far from giveaways.

American autoworkers, their families, and their communities are all in this together and have suffered with their communities perhaps more than anybody.

Just 3 years ago there were a quarter million members of the UAW. After these GM and Chrysler restructurings in the auto industry, that number of worker members will be below 100,000. These are men and women who make up our Nation's middle class, the heartbeat of America, if you will.

They work hard, they support their families. They are watching as their chance at the American dream goes up in smoke. It is an American tragedy. Anyone who dismisses it otherwise should be ashamed.

Wages have decreased for entry-level workers. Wages have been frozen. Key health care benefits were eliminated for both active and retired workers. Understand, the much maligned legacy costs that companies are burdened with, if you will, these legacy costs, health care and pensions, were negotiated at the bargaining table when workers said: We will take less money in salary and wages today if you put that money aside for pensions and health care—for health care now and for pensions later. So they gave up dollars at the bargaining table. That is what these legacy costs are.

These concessions, combined with swapping GM's contributions owed to the VEBA with stock, a step that will increase risks for retirees, will save General Motors billions. That is a good idea because we want this company to survive and thrive.

Every facet of this restructuring has an impact on hard-working Americans, on their communities, their States, their Nation as a whole. We should ask yourselves this: Is the government doing everything it can to protect and create American jobs? Is the government ensuring that top-performing segments of Chrysler and GM are not sacrificed because of expediency or politics or information gaps or favoritism?

I held a conference call with mayors from Ohio's auto communities recently. Nearly all of them raised the fact that they may need to eliminate police and fire and their other local government entities, eliminating teaching positions and others, because

of the shortfall in tax revenue from plant closings. Some mayors have already done that.

The worry from these mayors reminds us we are talking more about jobs and bottom line. We are talking about our Nation's manufacturing future. We are talking about our Nation's middle class.

I yield the floor, and I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. UDALL of New Mexico.) The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. CASEY. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. CASEY. Mr. President, I ask unanimous consent to be permitted to speak for up to 15 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

HEALTH CARE

Mr. CASEY. Mr. President, I rise this afternoon to speak of a subject that is on the minds of so many Americans. It is also the subject of a lot of attention and work here in Washington, and that issue is health care. I won't try today to cover every aspect of it and to cover all of the details that are being debated here in Washington, but I rise to begin a series of speeches that I and others will be giving on this topic.

I don't think I need to recite the challenge the people of Pennsylvania and America face when it comes to their health care. I do believe there is some consensus, not only here in Washington but around the country, about what we have to do. We have to take action, and as we take action, we have to be very clear about what we tell people and what is in the legislation: that if you like the health care you have, you can keep it; if you don't like what you have or you don't have any health care, we are going to put a bill in front of the American people—in front of the Senate and the House, and then legislation before the American people—which will allow that kind of choice.

I believe there is consensus about that. There is consensus about some fundamental keys to reform. No. 1 is the question of cost reduction. We can't get through this process and not get a handle on costs, especially for the future. No. 2: I think there is a great consensus about choice, preserving the kinds of choices people have now and in fact enhancing the choices that people have in their health care decisions. No. 3: To ensure quality, affordable health care for all Americans. The nature of that issue is that we can build on our current system, but that we have too many people—as many as almost 50 million—who are uninsured.

There are a lot of people to thank here in Washington for the work that has been done already. I know we are a

long way off. We have a lot more to do. There are weeks and weeks of work still ahead of us, but a few bear mentioning. Obviously, the President of the United States, President Obama, has made this a central issue of his Presidency and has worked very hard and has continued to make this a priority. We want to commend his leadership. It is essential. We cannot move this legislation without his help.

Senator KENNEDY, who has worked on this issue for more than four decades, I guess, now, has given tremendous leadership and inspiration. Whether he is here physically or whether he is not, he is providing that and has provided that for the American people for a generation on health care.

Senator BAUCUS, the head of the Finance Committee, has worked not just months but years on this. Especially in the last year, in the last 6 months, he has been working very hard to get it right on that essential committee.

Senator DODD has stepped into the Health, Education, Labor and Pensions Committee leadership role because Senator KENNEDY hasn't always been able to be here because of his own health challenges.

I also wish to commend the bipartisan spirit that I think is evident on both sides of the aisle. People want to get this done, and they want to get it done in a bipartisan manner.

What I will speak about today is an aspect of this challenge which I think is not getting enough attention and enough focus and, therefore, may not get enough resolution in the legislation, and that is the issue of what happens to our children, especially children who are poor or those with disabilities, those with special needs. I believe the theme—not just the theme and not just the goal but the ironclad promise that we should make when we talk about reforming health care and getting legislation passed—the ironclad promise should be as follows: No child worse off. No child in America should be worse off at the end of this process, especially poor children and especially those who have special needs, those with a disability.

Despite all of the great work—and I could cite a long list of people to thank for children's health insurance—the legislation that was passed in the 1990s and the reauthorization is great news: 6 million kids covered, plus 4 million more who will be covered, so almost 10 million—almost 11 million, actually—more than 10 million children are covered by that. That is wonderful. We should be happy about that. We got that done this year. Here is the problem: There are still 5 million more who are not covered. So I rise today to speak about coverage and a focus on those children.

Here is what I believe when it comes to children in our society. I believe every child born in America is born with a light inside them. For some children, the reach of that light will be boundless. It will be scintillating. You

won't be able to see it, it will be so bright, because of that child's potential or because of his or her circumstances, but their potential and, therefore, the light within them is boundless. For some other children, that light will be a little more limited because of circumstance, or because of other limitations they may have. No matter what the situation that child is in, no matter how brightly or not so brightly that light is shining, we have to make sure we are there for them, especially when it comes to health care. So I believe that light has to continue to shine, and one of the reasons I am so grateful for the work that has been done already is that in our committee, we have made children a priority.

The Health, Education, Labor and Pensions Committee has not only produced a bill already—it is from one side of the aisle, the Democratic side; we are working with our Republican colleagues now—but the Affordable Health Choices Act is now on the table for debate. We are working on it today, hours and hours yesterday and today, and we will continue that with our Republican colleagues.

There are a number of provisions in there for children that speak directly to this concern I have. Senator DODD has shown tremendous leadership on this issue of helping our children through this legislation. But I believe we have to focus the attention of the country on the challenge, and that is why I have introduced S. Res. 170.

I ask unanimous consent that the entire resolution be printed in the RECORD as a part of my remarks.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

S. RES. 170

Whereas Medicaid is a cornerstone of the Nation's health care infrastructure, providing critical health coverage to Americans who have the greatest needs: children and adults whose financial means are very modest and people who are in poorer health compared to the population at-large, including individuals with significant disabilities and those with multiple chronic illnesses;

Whereas Medicaid provides health coverage to $\frac{1}{4}$ of the Nation's children and more than $\frac{1}{2}$ of all low-income children;

Whereas because minority children are more likely to be from low-income families, Medicaid has been shown to reduce racial and ethnic disparities in health care, as it provides coverage for 2 out of every 5 African-American and Hispanic children;

Whereas by limiting cost-sharing and premiums, Medicaid provides a comprehensive benefit package and ensures that children have access to affordable coverage and the health care services they need to stay healthy and meet developmental milestones;

Whereas Medicaid is designed to meet the complex health care needs of low-income and special needs children by including a wide range of essential and comprehensive services that many private insurers do not cover;

Whereas Medicaid provides developmental assessments for infants and young children (including well-child visits, vision and hearing services, and access to a wide range of therapies to manage developmental disorders and chronic illnesses) and coverage for in-home support, long-term care for special needs children, and transportation services;